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ABSTRACT

Provided are four papers from a national conference, titled "The Deaf-Blind Child and the Vocational Rehabilitation Counselor", designed to identify and present possible solutions to some of the problems facing the deaf-blind child as he or she matures and moves from a basic educational setting into the realm of the vocational counselor. Entries include the following titles: "Vocational Education and the Future of the Deaf-Blind" (R. Smithdas), "Public Agencies Working Cooperatively to Serve the Deaf-Blind" (F. Hughston), "Prevocational Planning for the Deaf-Blind in the Northwest Region" (L. Hagmeier), and "Overview of the Deaf-Blind Vocational Training Program" (J. English). Also provided are tables on barriers to the provision of continuous services in six states and results of a deaf-blind service providers inventory. (SBH)

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Proceedings

The Deaf-Blind Child and the Vocational Rehabilitation Counselor

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Preface

Teaching techniques and materials for deaf-blind children have been developed over the past six years by creative, innovative teachers who have developed an educational methodology for the deaf-blind as they were teaching. The effect or success of such a procedure cannot be evaluated with any degree of confidence at this time, but we do know that all teachers need a sound basis by which to guide their educational input.

Today we know that the deaf-blind children we have served during the past six years may be in need of vocational education. The National Advisory Committee on the Handicapped (NACH) has determined that "vocational education is important in the development of independence for everyone, but is critical and essential for handicapped individuals." If vocational education is not provided on a permissive basis, such programs will certainly be mandated by law in the future.

Vocational education programs for the deaf-blind have been in operation for two years. Several of the regional deaf-blind centers have placed a high priority on the establishment of vocational education programs during the current fiscal year and have appointed prevocational or vocational consultants to their staffs. The Southwestern Region Deaf-Blind Center has developed a vocational education curriculum for use with deaf-blind minors. With this foresight and planning, vocational education programs for the deaf-blind will be based on sound educational principles. I believe that these proceedings will contribute to a better understanding of the importance of an effective vocational education program for deaf-blind youths.

With the understanding gained from serving the special needs of the handicapped, we may realize that our efforts to provide vocational education programs will have a significant impact on the deaf-blind and will contribute to their independence as responsible citizens in our society.

WILLIAM A. BLEA
Project Director,
Southwestern Region Deaf-Blind Center

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Introduction

By Paul Small
Vocational Specialist, Southwestern Region Deaf-Blind Center

Today's deaf-blind children will soon be adults in need of vocational and residential services. Their educational needs are changing as they mature. To assist in the planning to meet these changing needs, the Southwestern Region Deaf-Blind Center, under the direction of William A. Blea, Project Director, sponsored a national conference, "The Deaf-Blind Child and the Vocational Rehabilitation Counselor," October 15-17, 1975, in San Diego, California.

The initial design for the conference was to identify and present possible solutions to some of the problems facing the deaf-blind child as he or she matures and moves from a basic educational setting into the realm of the vocational counselor.

Fred Hughston, speaking on "Public Agencies Working Cooperatively to Serve the Deaf-Blind," points out that: "There is no particular virtue in wanting an excellent program. Everybody wants that. But it doesn't come first, or directly, or all of a sudden." He outlines prerequisites for excellence and describes some of the many resources available through cooperation and coordination of programs for the deaf-blind.

Lee Hagmeier describes "Prevocational Planning and Programming for the Deaf-Blind in the Northwest Region," suggesting that the approach taken by the Northwest Regional Center for Services to Deaf-Blind Children may be helpful to others faced with a similar challenge of meeting the immediate and future needs of persons who have vision and hearing impairments. "Until recently," he states, "the prevocational-vocational program of the Northwest Regional Center has focused on vision-hearing impaired persons fifteen years of age and older whose disability was not the result of the rubella epidemic of 1963–65. . . . The rationale for working with the older population is that if the prevocational-vocational needs of the large population of rubella vision-hearing impaired persons are to be met, the kinds of resources (manpower, facility, and materials) to provide the services necessary to meet these needs must be identified and steps taken to develop them prior to the time they are required."

In "Overview of the Deaf-Blind Vocational Training Program," Jack English presents a global description of what has happened nationally in the area of providing prevocational services and points out some of the trends that are becoming evident from the preliminary programming which has been undertaken across the United States.

Robert Smithdas, in his keynote address, "Vocational Education and the Future of the Deaf-Blind" emphasizes " . . . we can say this about deaf-blind people: they are human beings who deserve to exercise their curiosity and who have the courage to live if they are given the opportunity to do so and the assistance to reach their goals. They have many frustrations because of their loss of sight and hearing and their obvious dependence on other people, but there is really no reason why they should feel so frustrated that they are humiliated. We owe them the dignity . . . that we would demand for ourselves."

Early in the workshop, the frustrations of the participants (rehabilitation counselors, teachers, and administrators) became apparent. They asked similar questions and expressed similar concerns, but few, if any, solutions were proffered.

Examples of these concerns, in no priority order are: "We must have realistic expectations. Not all deaf-blind persons are Helen Keller," "Why is money the criteria for work?""Vocational rehabilitation and education must jointly face problems," "What resources are available?" "What determines adulthood and what happens to deaf-blind persons at age twenty-one?" "Chronological age and functional age are not the same," "Legal competency is a problem," and "What is the most important skill for a client to have to get service?"

We hope that the participants left the workshop realizing that they are not alone in their dilemma and that the models presented along with the ensuing discussions provided the impetus to send each participant back to his or her own state or region sufficiently stimulated to seek solutions appropriate not only to the deaf-blind population being served now, but also to those maturing deaf-blind children who will soon need vocational services.

Vocational Education and the Future of the Deaf-Blind

Presented by Robert Smithdas
Director of Community Education, National Center for Deaf-Blind Youths and Adults, New Hyde Park, New York

Five years ago, we didn't think it would be possible for many of our deaf-blind children, as well as adults, to have the kind of opportunity that was given to me, to Richard Kenny, to Jackie Coker, and to other outstanding deaf-blind persons. But I'm sure that all of these people would join me in saying that whenever a deaf-blind person shows any degree of success, he has that basic obligation to try to pass on these opportunities to other deaf-blind people. I am sure that most of you realize the right of the deaf-blind to participate in programs such as the children's programs, which take care of their educational needs, and the prevocational and vocational programs for teenagers and adults.

The National Center for Deaf-Blind Youths and Adults, operated by the Industrial Home for the Blind in Brooklyn, has a temporary headquarters and training center for deaf-blind adults who have finished school, have gone as far as possible with their education, and who need to learn what it means to live independently. In a very real sense, all of these are related to each other. To begin with, a deaf-blind child is difficult to teach because of the severe handicaps. Probably no handicap is as severe as being both deaf and blind.

I have sometimes tried to analyze my own feelings about the loss of sight and hearing; and I find it difficult to estimate what I feel about being without both sight and hearing. There have been times when I thought that the world shrinks when you aren't able to hear the voices of friends or the ordinary sounds that make up the world's commotion and at the same time are not able to see the colors, light, shapes, and all the other visible things that are part of the world we live in. A deaf-blind child who is just beginning to find out about the world has to depend primarily upon his sense of touch, his curiosity, and his ability to reach out and feel what the world is really like. Very often, much of his information has to come to him through a secondary source—another person: his teacher, a member of his family, or even a playmate or schoolmate. One thing is certain, it takes a longer time for a deaf-blind person to acquire information and knowledge than it would take for a normal child, who can listen, observe, copy, imitate, and take part in the actual activity.

I think that I was very fortunate, because while I was growing up I was not inhibited by my family or teachers in doing the things I wanted to do. If I felt like wandering around my home or the neighborhood, my family permitted it. At the first deaf school I attended, all of the teachers were concerned that I would wander away from the premises, but that didn't keep me from wandering about the grounds as much as I pleased. Later, when I went to the Perkins School for the Blind, where I attended high school, all of the deaf-blind children were protected by their teachers and carefully guarded against anything that might cause injury. I rebelled against having a constant companion, because I felt that I was capable of taking care of myself and I didn't want a companion when I wanted to do certain things. I feel that this type of supervision has changed to a great degree in many of the schools that have special departments for deaf-blind children. Today, teachers are beginning to realize that the way to help a child to grow is to encourage his curiosity and help him experience as many things as he possibly can by touching them, tasting and smelling them, or by exploring them in any other way that seems feasible.

Years ago, the children in the Perkins deaf-blind department were only taught to read lips by vibrations through their fingertips. I think the Tadoma method of teaching speech is an excellent method if the child has the ability and the superior intelligence to understand what is being taught. But some deaf-blind children seem to lack the capacity for learning speech, perhaps because the sense of touch isn't sensitive enough or because they are unable to understand the mechanics of speech. I feel that every tool we have should be used in teaching children, not only the Tadoma method of speech reading but also the manual alphabet and signs. My philosophy is that teachers are really like good craftsmen. A carpenter doesn't

use just one tool when he is working with wood. He uses different tools for different procedures. I feel that the same is true when we are constructively building a child's life. If one tool doesn't work, we have to turn to another.

I've grown up with deaf-blind children and have been treated as a deaf-blind child myself. Later, when I worked in services for deaf-blind children and adults, I realized what a tremendous difference there is in the backgrounds of deaf-blind people. They all have different capacities and different degrees of intelligence. They can vary from the ones who have received very little education and who have very little ability to understand intellectual concepts to the very bright ones who can learn speech, go to college, become a computer programmer, or establish a small business. Others don't have this acute intellectual ability, but they do have mechanical skills.

I don't think that we have solved all the problems involved in working with deaf-blind children and adults. To begin with, we have to remember that to prepare the child for adult life means that we have to give him every opportunity to exercise his ability and make it grow, so he will have talents and skills he can use to become independent when he grows up.

Some adults lose their sight or their hearing after they have become deaf or blind. A deaf or blind person is usually depressed by the idea of the double handicap. Perhaps this is one reason why it is so difficult for many blind or deaf persons to feel comfortable in a relationship with a deaf-blind person. I think that blind people unconsciously fear the loss of hearing and deaf persons fear the loss of sight. The reality of the whole problem is that we have to absorb *all* of our handicapped people, not just the deaf-blind, and make room for them in society.

When I was a small boy and wandered about the house exploring things, I sometimes got into mischief. It's to the credit of my parents that they never inhibited me. In fact, sometimes it led to rather humorous incidents. I remember that when I was about twelve years of age, the basement of my home had a large cabinet that was stocked with bottles, containers, and glass jars of all sorts. I was very curious about touching and smelling these containers, but I couldn't reach the ones on the top shelf. One day when my parents were in the kitchen, I went to the basement and started climbing on the lower shelves. I had only climbed up two of the shelves when I realized that the cabinet was swaying and about to fall. I got down on the floor and tried to push it back. Unfortunately, bottles and jars began to cascade about me, striking my shoulders and smashing onto the floor.

In a few minutes my parents came running down. My father pushed the cabinet back, and my mother began to clear up the debris.

I was convinced that I was going to receive a sound punishment, so I ran upstairs and hid under a bed. In about five minutes someone started crawling under the bed with me. I reached out and recognized my father, and I said to him, "Daddy, is Mommy after you, too?"

While I was at the Perkins School for the Blind, I saw some of the children who were just beginning their training, a few of whom had been there for a few years. I realized how difficult it was for them to learn things. They were restless and curious, and the teachers had difficulty in containing them. The children were disturbed because they were energetic children and curious about their surroundings. It isn't easy to control a child when he wants to do things.

I would like to point out that one of the very important things we have to learn is that regardless of the age of a deaf-blind person, we have to treat him as an individual and make him feel that we are interested in him. Somehow deaf-blind people seem to develop an instinct that tells them when a person isn't interested or doesn't care.

I would like to tell you a story about a woman who was a mental patient for almost a year. When she came out of the hospital she told a friend that, although she wasn't able to communicate directly with the doctors or the attendants because of her mental difficulty, she was always aware when she was pushed about, maltreated, or wasn't considered as a human being.

I think that most of us have an inevitable desire to obtain something worthwhile in life. I also think we realize that we have an idea of what is good for us, especially when we begin to reason about our own predicaments and problems. We know what contentment means to us. Because of this, I feel that counselors should try to understand what the client really wants—what will give him the most contentment and happiness as an individual. In other words, the deaf-blind client knows that he is a human being. He wants to be treated as such in accordance with his own standards rather than have the counselors' or teachers' will imposed upon him. Of course this is only a relative truth when it comes to children, because children have to be directed during the first stages of their education.

But when they begin to realize that they are individuals with individual talents and capacities, then we have to recognize this and treat them accordingly; otherwise, they will resent the fact that someone is trying to impress his or her will on them and probably won't cooperate. In fact, they may even refuse to respond to the best instruction that we can give them.

I feel that some of the most important aspects of the growing process involves learning to reason and to experience: feel or sense things, compare them, and form judgments. In the end, one is led through a series of judgments to the point that conclusions are formed. This teaches us whom we can trust, whom we can't trust, and whether our own judgment is correct.

But we also have to allow the deaf-blind child and adult to use his or her imagination. While I was in high school, I was a member of the wrestling team. I had a coach who always told me, "Bob, if you can't win a wrestling match by pinning your opponent because he is too strong or knows more than you do, then use your brains; use your imagination. Think of a way to get around the problem." This was good advice. One day it turned out to have rather amusing results. I had a very strong opponent from one of the academies in New England. He wasn't particularly knowledgeable about wrestling holds but he was infinitely stronger than I was and I couldn't pin him. I was trailing by about two points and realized that in order for me to win for the team, I'd have to make up at least three. Finally, I remembered what my coach had told me. I had a brilliant idea. I leaned over his shoulder and whispered in his ear, "I love you." He was so surprised that I only had to flip him on his back.

I think that one of the hardest parts of educational work is teaching deaf-blind children. I admire the skill and the patience that teachers of deaf-blind children have. I feel that deaf-blind children are being given more opportunity and a better educational background than their counterparts were ever given in the past. I'm especially glad that they are being given prevocational training today which will prepare them for the real vocational training they may eventually need.

Not all of the deaf-blind who graduate from school are going to the National Center for Deaf-Blind Youths and Adults. We have been trying to establish affiliations with various agencies such as California Industries for the Blind, the Seattle Lighthouse for the Blind, and other agencies that are capable of giving able deaf-blind youths and adults the opportunity for training and perhaps competitive work, even in outside industry. We are sure that these agencies are doing a marvelous job, and we hope that their training programs continue. There will always be a need for a few specialized agencies such as the National Center. But we are hoping that organizations for the deaf and for the blind will also help as much as they can, because we know they have the ability.

When you really think about it, a deaf-blind person is an individual who looks normal but who has lost his or her sight and hearing and has to depend upon his or her secondary senses of touch, taste, and smell. The secondary senses are no substitute for the primary senses of sight and hearing that bring so much of the world directly to us. In fact, the deaf-blind person has to depend largely on the goodwill and understanding of other people. I don't mean compassion and sympathy, because both of these can be obstructive. I would like to see all of the agencies regard the deaf-blind person as one who has ability that can be used. I know that cooperation among the various agencies is encouraged here on the west coast, and I hope that this will spread throughout the country. Within the next ten years I hope to be able to meet many deaf-blind persons who take care of their own homes or apartments, who work in outside industries or sheltered workshops where they are capable of earning their own livelihoods, and who have the special basic devices such as doorbells, telephone devices, and communication aids that make them independent.

We are beginning to make progress, but it is really too early to say that we can do all we need to do at once. However, we can say this about deaf-blind people: They are human beings who deserve to exercise their curiosity and who have the courage to live if they are given the opportunity and the assistance they need to reach their goals. They experience many frustrations because of their loss of sight and hearing, but they need not feel so frustrated that they are humiliated.

Many groups of handicapped persons are far better organized because they are vocal. They have the ability to say what they want and need. Deaf-blind people form a minority group that is scarcely organized at all. The people who work for the deaf-blind have to speak for them. This means that all of us have to give our very best in the future to bring to the deaf-blind people of this country the dignity that they deserve as citizens and as human beings.

Public Agencies Working Cooperatively to Serve the Deaf-Blind

Presented by Fred Hughston
Director, Vocational Education, Department of Adult Deaf and Blind, Special Technical Facility, Talledega, Alabama

I want to talk a little about the need for planning—planning for excellence. Without wise planning, our future is hopeless. One New York editor said, "We should put all of our minds together, develop the best possible plans, and then sit back and wait for the opposite to happen." He was referring to the fact that when great plans are made, something entirely different from what was expected often occurs.

Christopher Columbus had a plan: He set out across the Atlantic to find Asia. His plan was a flop. He didn't make it, but in the pursuit of his objective he found something else that made a difference.

We have a term for this sort of occurrence or discovery: *serendipity*, the gift of finding valuable or agreeable things not sought for; or *indirection*, the unexpected that happens when one pursues something.

Thomas Edison was looking for an electric light when he found a phonograph. Pasteur, looking for a way to keep his wine from turning sour, found the process of pasteurization. A chemist holding a test tube with a few grains of rice in it over a fire happened to drop it. When he picked it up, the grains had exploded into puffed rice. Some enterprising chemist, working on yeast to isolate a certain vitamin, found the stuff curing infections and called it penicillin. Serendipity is looking for one thing and finding another. This process of indirection runs all through life.

Of course, we of the western world are the products of an aggressive culture and were brought up to believe that the way to get anything is to go after it. We want results, immediate results. Put the money down, wrap the package up, push a button, make things happen now. We turn lights on in the hen yards to fool the hens into laying before breakfast, and we have signs on the highways reading: "Antiques, manufactured while you wait." We believe the way to get anything is to go after it now.

Many good things have come from this method, and I believe that we will not achieve excellence unless we do go after it. But this method of expecting everything now has its limitations, for there are some things you cannot get that way: you can get houses but not homes; you can make a living but not a life; you can get a degree but not an education. Most things of consequence come by planning, altering plans, taking new directions, building on small successes, profiting from mistakes, and using new knowledge.

Consider, if you will, the goal of peace, worldwide peace. Peace does not come just by people saying they want it; and there is no particular virtue in wanting peace. Hitler wanted peace and promised his people a thousand years of it. Peace is not a sufficient, dominant objective. It just doesn't come first. Other things do: justice, trust, righteousness, brotherhood, love. These things must come first.

An excellent educational program for the deaf-blind doesn't come first, either. Other things do: improved facilities, instructional materials, protection of instructional time, leadership, public support, and, most of all, outstanding people.

We have no particular virtue in wanting an excellent program. Everybody wants that. But it doesn't come first, or directly, or all of a sudden. We can seek excellence first, but if we do not change poor attitudes, poor teaching methods, laziness, selfishness, and rigidity, we will never achieve excellence. We simply cannot reverse the order. Trying to do so would be like the alcoholic praying to God to cure his drunkenness, but not to interfere with his drinking.

We must plan wisely and constantly be on the lookout for those unexpected dividends. We should seek excellence first. Make that our goal, our dominant objective, and we will find many things, not accidentally, but lying there in the path of our search. This incidental fruitage of our seeking will become part of the strong foundation, one of the many building blocks that will enable us to reach our objective of excellence.

Providing the best opportunities possible requires (a) commitment; (b) dedication; (c) courage; and (d) guts: commitment to what we believe in, dedication to getting the job done, courage to

carry out the tasks that are necessary in the pursuit of excellence, and the guts required of any leader or decision maker in accomplishing the goals of an organization.

The deaf-blind child deserves the same opportunities as the normal child. However, without the assistance of cooperating agencies, it is impossible to implement that type of philosophy. I sincerely believe that education for the deaf-blind child requires the cooperation of all available agencies.

A graduate of a school for the deaf-blind today should be prepared to take the next highest step that his capabilities permit, whether that step is to continue his education at the post-secondary level or to become a part of the labor force. All educators for the deaf-blind and all agencies must become partners, for we are really all striving for the same goals: students developed to their maximum–whatever their capabilities, desires, and aspirations. We are all partners in education, whether we provide vocational, career, rehabilitation, academic, or self-help training. The important thing is that we individually and collectively do everything in our power to provide the very best educational opportunities for our students.

In Alabama, deaf-blind children are accepted at the age of five years for evaluation or for enrollment in an academic program if an evaluation has already been completed by an acceptable agency. Today, 48 students are enrolled in this program. These students receive their academic and prevocational education at the Helen Keller School for the Deaf-Blind. Upon recommendation of the staff at the Helen Keller School, the students become involved in a vocational evaluation, personal management, and technical training program for the adult visually and/or aurally impaired. Out-of-state adults are also accepted in this program. The Special Technical Facility provides no academics while the student is involved in a joint program. The most important part of the program at this point is coordination.

The staffs of all programs meet as often as necessary to avoid duplication and to make sure that one program complements the other. When the staffs of both programs think it is best for the child, he becomes a full-time student at the Special Technical Facility. Supportive services are available until he completes his technical training. When a vocational objective is established, placement is initiated, although it may be 24-36 months before training is completed. A full-time placement counselor is on the staff at the Special Technical Facility, and he follows the deaf-blind child through the training program, tailoring the training to the job.

In Alabama, rehabilitation, vocational education, adult basic education, state library services, health services, and the Department of Pensions and Security function as supportive services to educational programs for the deaf-blind. State schools for the deaf-blind are the hub of these services for the deaf-blind, including preschool programs. My experience has been that anytime a program is initiated for a deaf-blind student, coordination with the school for the deaf-blind will be helpful, because the school staff already knows the student and can assist in providing background information.

I think each of us is familiar with all of the supportive agencies discussed previously, but I would like to describe in detail how we in Alabama have found that the Department of Pensions and Security can assist, particularly in community education. One main purpose of the Department of Pensions and Security is to provide social services to students enrolled at the Special Technical Facility. Transition from residential to community life has been one of our concerns for many years, and this is the core of the program. The Alabama Institute for the Deaf and Blind has contracted with the Department of Pensions and Security to establish day care centers in cities in which there is a concentration of deaf or deaf-blind children, and parent training will be provided as outlined in Title 20. We have found in Title 20 one service not duplicated by any other agency, and certainly one that will enhance the educational opportunities for the deaf-blind.

Title 20 was signed into law by President Ford on January 4, 1975. It grew out of the cooperative efforts of the United States Congress, the Department of Health, Education, and Welfare, the National Conference of Governors, and key organizations concerned with services for children and families and for the severely disabled. Provisions of this act are administered in Alabama by the Department of Pensions and Security, but this may not be true in every state.

Until now, every state's social services plan has had to be approved by the federal government. Under Title 20, the content of a state's services plan will be subject to review by the state's citizens rather than to approval by the federal government. To assure that citizens have an opportunity to review the state's services plan, the law requires an open planning process. This includes a public review-and-comment period of at least 45 days.

Under Title 20, states can make significant changes in their social services programs in regard to (a) what services will be available; (b) which people will be eligible to receive services; and (c) where and how services will be provided. Any social service provided under Title 20 must be directed to at least one of the following five goals:

1. To help people become or remain economically self-supporting
2. To help people become or remain self-sufficient (able to take care of themselves)
3. To protect children and adults who cannot protect themselves from abuse, neglect, and exploitation and to help families stay together
4. To prevent and reduce inappropriate institutional care as much as possible by making home and community services available
5. To arrange for appropriate placement and services in an institution when such is in an individual's best interest

The following are some of the kinds of help a social services program operated under the provisions of Title 20 can offer:

1. Homemaker services when a mother has to go to the hospital
2. A foster home for a severely handicapped adult ready to leave an institution but not yet ready to live alone
3. Emergency and follow-up services to protect a child from abuse or neglect
4. After-school care for children so their mothers can have job training and a job
5. Chore services for an elderly couple who will have to go to an institution unless they get such help
6. Referral of an unemployed teen-ager to a community agency that specializes in job counseling for older youths
7. Emergency shelter to protect a young runaway from exploitation while plans are being made for him or her to return home or to live independently
8. Information and referral services for people who don't know where to turn for help in a crisis
9. Transportation to a senior center with varied activities for an older person otherwise confined to a rented room
10. A half-way house for a drug-addicted youth who needs treatment and a supportive environment
11. Competent part-time care for a handicapped child or senile older person whose family is near exhaustion
12. Guardianship for a confused older person no longer able to manage financial affairs

The purpose of a social services program under Title 20 is to help people with problems like these.

Certainly we must all be realistic about the needs of the deaf-blind child. A large percent of the deaf-blind will never be able to compete for positions in the world of business or industry; however, this in no way reduces the obligation of those of us who work in service programs designed for the deaf-blind. These multihandicapped people are, like the rest of us, endowed with the rights to the pursuit of happiness, the joys of living, and a definite place in our society.

The community needs to develop an awareness of the totality of the human element—thoughts, dreams, aspirations, and communicative needs, all existing in a world that is neither hearing nor deaf, sighted nor blind, but in a world of life, love, and ever changing conditions.

Prevocational Planning for the Deaf-Blind In the Northwest Region

Presented by Lee Hagmeier
Prevocational Program Specialist, Northwest Regional Center, Seattle, Washington

A regional program of prevocational-vocational services for vision-hearing impaired (VHI) persons was initiated by the Northwest Regional Center for Deaf-Blind Children during 1974. The goals of the program were formulated on the premise that a full range of necessary services must be made available ultimately to every VHI person within the region. The planning and development of the evaluation and training program is based on the following value assumptions:

1. All VHI persons should have the opportunity to maximize their personal potential to live independently.
2. All VHI persons have the right to receive the education and the training that will prepare them for activities that are socially useful and personally satisfying.
3. Within each state of the region, all persons associated with vision-hearing impaired persons, as well as those persons responsible for coordinating training and placement services for disabled persons, should be aware of the problems and the needs of VHI individuals and should take steps to implement appropriate programs.

The resources for providing a full range of necessary services may come from local, state, regional, or national sources or from some combination of these sources.

This rationale has guided the planning and development of the prevocational-vocational program of the Northwest Region. Direct contact with vision-hearing impaired persons in a variety of settings has resulted in information, concepts, and ideas that suggest future program undertakings. The approach taken by the Northwest Regional Center for Deaf-Blind Children may be helpful to others faced with a similar challenge of meeting the immediate and future needs of VHI persons.

Rationale Guiding Prevocational-Vocational Programming Within the Northwest Region

The vision-hearing impaired population of the five states comprising the Northwest Region (Alaska, Montana, Idaho, Oregon, and Washington) may be thought of in terms of two categories: (1) those whose impairments are the direct consequence of the 1963-1965 rubella epidemic; and (2) those whose impairments are from causes other than that epidemic.

The majority of the VHI individuals are in the first category. They are the major target group of all the programs conducted under the auspices of the Northwest Regional Center for Deaf-Blind Children. They are all approximately the same age, and their training needs are somewhat similar.

Until recently, the prevocational-vocational program of the Northwest Regional Center has focused on vision-hearing impaired persons fifteen years old and older whose disability was not the result of the rubella epidemic of 1963-1965. This focus has been intentional. This population constitutes a pilot-experimental group by which the efficacy of program alternatives in prevocational-vocational education can be tested. By advocating on behalf of older VHI persons, rehabilitation services are now available for them where they were previously limited at best. As a consequence of working with this group, professionals and support personnel have acquired experience and skills in providing diagnostic, evaluative, training, and ancillary services for VHI persons. The rationale then, for working with the older population, is that if the prevocational-vocational needs of the large population of rubella VHI persons are to be met, the kinds of resources (manpower, facility, and material) to provide the services necessary to meet these needs must be determined and steps taken to develop them prior to the time they are required.

Prevocational-Vocational Programming for Adult VHI Persons

A prevocational-vocational demonstration project was inaugurated at the Seattle Lighthouse for the Blind. The Lighthouse was selected because it employed approximately ten vision-impaired workers. The staff had some experience with the population. Seattle was an appropriate location because a variety of necessary applied services are

in relatively close geographic proximity, thus facilitating case management and program coordination.

Seven VHI persons ranging in age from fifteen years to twenty-nine years and from four states received direct services. Through case finding procedures, prospective program candidates were identified and appropriate state rehabilitation personnel contacted. The initial clients were relocated to Seattle and appropriate evaluation and training resources were mobilized. The Montana Department of Visual Services, the Washington Office of Services for the Blind, and the Oregon Commission for the Blind cooperated by purchasing the following services: transportation and room and board; audiological, ophthalmological, total communication, and prevocational evaluations; psychological and speech and language assessment; mobility, work adjustment, sign language, and audiological training. Necessary appliances were also purchased (e.g., hearing aids, braille watches, glasses, and an AM-FM TV radio. As a result of working with the relocated VHI adults, we developed a limited number of housing resources as well as a recreational program offering bowling, swimming, field trips, and a bimonthly three-hour social get-together. Between eight and twelve VHI persons participated in the recreational program.

The work with the nonrubella epidemic VHI population has led to other developments. Four states have or will have specific counselors managing case services for the VHI clients of their states. Three states are using local resources to provide evaluation and training services. Rehabilitation counselors and administrators have visited educational units where VHI children are receiving educational training. Some communication has taken place between sheltered workshop personnel and the teachers of VHI children.

The evaluators and trainers who worked with the pilot-experimental VHI group were interviewed. The following information was obtained regarding the attributes of the people with whom they were working:

1. Vision-hearing impaired clients are evaluated and trained against criteria of what a "normally functioning adult" must be capable of doing if he/she is to live and work independently. However, the precise behaviors required for independence were not systematically cataloged.
2. The evaluation process should serve as a source of motivation and confidence for the client. Following the evaluation, the client should say to himself or herself, "Based on the information generated by the evaluation, the job or task now expected of me is appropriate. Therefore, I can succeed." Thus, the process of evaluation can serve as an ego support for the client.
3. During training, a reinforcement contingency should be employed that ties the client's confidence and enthusiasm to the process of learning and not just to the product of learning. Such a contingency increases the likelihood that the client's expectation of success will generalize to new learning situations.
4. Particular attributes of VHI clients tended to facilitate the evaluation and training process.
   (a) Intelligence—The more intelligent client is easier to evaluate and train than the less intelligent client. The former may appear to be pulled by a compelling curiosity. He or she is eager to learn about alternatives and about the environment. However, personality factors (such as emotional disorders) may confound the influence of intelligence.
   (b) Communication—(1) The client with speech is the easiest to evaluate and train. These individuals tend to have residual hearing and/or better-than-average intelligence. All modes of communication were described by the interviewers and trainers as effective in transmitting a message. However, some modes are more efficient than others. (2) VHI clients often indicate they understand a message or instruction when in actuality they do not. Facial expression or other nonverbal behavior may provide a cue regarding understanding. VHI children, youths, and adults should be taught to convey "I don't understand," "I can't hear you," or "Please repeat." (3) VHI clients may answer questions with a simple yes or no, thus providing little information. A careful phrasing of questions may avoid this response.
   (c) The congenitally deaf or profoundly hard of hearing tend to function at a more literal or concrete level of understanding than those individuals with residual hearing. The former grasp or

understand abstract or relational concepts less rapidly or clearly. Therefore, evaluators and trainers must adjust their vocabulary to the level of understanding of the client.

5. VHI clients lack self-advocacy skills. They tend to be compliant. They tend to do what they are told and do not cease the activity until they are told to do something else. They are reluctant or unable to express likes and dislikes, wants and needs. They often exhibit difficulty in making choices or decisions. Vision-hearing impaired children should be provided many opportunities to make a decision or to demonstrate a preference.
6. VHI workers often do not understand that an optimal balance exists between quantity and quality of production. A concern for one is generally at the expense of the other. For example, VHI workers may fixate on defective assembly items. These behaviors tend to reduce their productivity. As a result of providing prevocational-vocational services to nonrubella epidemic VHI youths and adults, a wide range of applied service practitioners and support personnel are now more knowledgeable regarding the needs and problems of VHI persons. In the Northwest this population of VHI persons is seen as a resource for fulfilling the purpose of the prevocational-vocational program. The major purpose of this program is to see that the means for meeting the prevocational-vocational needs are examined so that those that are most efficacious will be known and will be available when the first wave of VHI persons created by the rubella epidemic is ready to use them.

Prevocational-Vocational Programming for Rubella VHI Persons

The majority of the rubella epidemic population is presently participating in educational programs. They are primarily nine to thirteen years of age. Generally, the training objective for each student will be determined by that student's ability and present level of development rather than his or her age. These youths must, if they are physically and mentally ready, receive training within the educational unit that will prepare them to benefit from the prevocational-vocational resources which are under development through work within the nonrubella epidemic VHI population.

A prevocational program serves the purpose of providing learning and exploratory activities that may assist a VHI person to discover his or her capabilities and to strengthen his or her readiness for more specific training or placement. The program provides a transition between general skill acquisition (feeding, toileting, dressing, gross and fine motor dexterity, and so forth) and specific vocational skills. The focus of a prevocational program must be on those skills required for entry into a program leading ultimately to the attainment of a vocational objective.

Dennis Mithaug, at the Experimental Education Unit of the University of Washington in Seattle, has identified a limited number of entry-level skills. He has also identified a large number of subtasks frequently found within a sheltered workshop. Dr. Mithaug and I are in the process of obtaining additional information through 500 questionnaires distributed to sheltered workshops, group homes, and activity - center personnel throughout the Northwest Region. A summary of these research findings will be available shortly.

The following is a summary of entry-level skills and sheltered-workshop subtasks:

1. Skills important for entry into *sheltered workshop programs.* Levels of acceptable behavior are determined by workshop supervisors.
   (a) It is important that the client maintain proper personal hygiene. (b) The client should appear at his or her job station on time and without prompting. (c) It is important that the client be receptive and responsive to communicated instructions. (d) The client must learn to work at a new job task when the vocational trainer explains the task by physical prompting, modeling, or verbally describing how the job is to be performed. (e) The client should correct work mistakes when they are pointed out by his or her supervisor. (f) The client should not leave his or her job station inappropriately during the work period. (g) The client should work independently and alone at a table without discontinuing his or her work during the work period. (h) The client should work continuously without distractability. (i) The client should not display minor disruptive behaviors (work interruption) or major disruptive

behaviors (tantrums). (j) The client should not initiate inappropriate contact with the work supervisor or fellow workers. (k) The client should work without disruptions whether he or she is working alone or at a table with a group of other workers and whether he or she is performing the same, different, or related (assembly line) tasks.

2. *Sheltered workshop subtasks.* Tasks performed within a sheltered workshop setting frequently are comprised of one or more of the following activities:

Bending	Measuring
Erasing	Filling
Blotting	Capping
Cutting	Stuffing
Rubber banding	Wire harnessing
Sorting	Gluing
Assembling	Filing
Collating	Assembling boxes
Boxing	Counting
Bagging	Wire crimping
Soldering	Wire stripping
Labeling	Wire wrapping
Sealing	Disassembling
Stapling	Unpackaging
Stamping	Opening
Tagging	Screwing
Tying	Using pliers
Taping	Pinching
Stringing	Wrapping
Weighing	

General Concepts and Ideas

As a result of prevocational-vocational programming in the Northwest, concepts and ideas have emerged which have implications for future programming. They are presented here for the consideration of professionals working with the rubella population.

Public reaction to labels. The rubella children are generally referred to as deaf-blind children. The term vision-hearing impaired children is more appropriate for several reasons. If an applied-service practitioner or an employer is asked to accommodate a deaf-blind person, they often recoil. "Deaf-blind" evokes many stereotypes. People respond with anxiety and a sense of helplessness. A vision-hearing impaired person sounds less formidable. Practitioners and employers respond with requests for additional information, and one then has an opportunity to represent the capabilities of the individual he is advocating.

The majority of the rubella children are not deaf-blind. They have residual vision and/or hearing. The use of the term vision-hearing impaired may provide them additional evaluation and training employment opportunities.

In some circumstances "deaf-blind" is an appropriate term. For example, resources for meeting the needs of a deaf-blind person sounds more pressing than resources for a vision-hearing impaired person. When requesting money from the legislative committee, you may want to use the term "deaf-blind."

The importance of placement. All people working with vision-hearing impaired persons should advocate placement programs. It is particularly important that these programs be implemented within the sheltered workshop where many VHI youth will receive prevocational and vocational evaluations and training, as well as work adjustment training. Sheltered workshops must not become a warehouse for VHI trainees. A formal placement program helps to assure that training and work do not become confused, resulting in the VHI trainee working at the workshop for many years.

Development of placement skills. The universities and community colleges offer an important placement resource. State and federal rehabilitation programs are mandated to work with the severely disabled. Placement is a task for which vocational rehabilitation counselors may have inadequate training and insufficient time.

Graduate and undergraduate programs in vocational rehabilitation counseling and special education serve to train students who would benefit from a practicum program focusing on the development of placement skills. While under the supervision of an instructor, and with the cooperation of a client's vocational rehabilitation counselor, each student might be assigned two or three multihandicapped individuals who are ready for more specific training or placement. The task of the practicum student would be to carry out the activities required to achieve a quality placement.

Vocational application of workshop skills. Some subtasks of a sheltered workshop are identified in this paper. Many, if not all, are also performed within competitive industry. These subtasks represent a resource for providing VHI students realistic and meaningful vocational-related training.

First, the personnel of sheltered workshops would be asked to describe the subtasks carried out in their shops. A frequency distribution would reveal those skills most commonly required. The

components comprising particular subtasks would then be identified and moved into the educational unit. VHI students would receive training, using the actual materials of a task for which workers are paid. Similar subtasks can be identified by industry.

A practicum student who is responsible for arranging an appropriate placement might identify a particular activity within an industrial setting. He or she would then establish an agreement with the placement personnel of the industry that when the trainee attained a competitive level of performance, the industry would hire the trainee. The practicum student would then provide close supervision for an appropriate length of time and also would follow up on the progress of the trainee.

Conclusion

The Northwest Regional Center for Deaf-Blind Children is faced with the challenge of planning, advocating, and developing prevocational-vocational programs for the region's 1963-65 vision-hearing impaired rubella children. Vision-hearing impaired adults are themselves a resource for obtaining valid information. By working with them, applied service personnel have become more knowledgeable and skilled. In addition previously unavailable services have become available.

The rubella children must receive the training and education that will prepare them for subsequent vocational programs. Prevocational activities are planned that will develop the required entry-level skills.

Overview of the Deaf-Blind Vocational Training Program

Presented by Jack English
Coordinator, South Central Regional Center

I have interpreted my task here to be that of presenting a global description of what has happened nationally in the area of providing prevocational services and to point out some of the trends that are becoming evident from the preliminary programming which has been undertaken across the United States.

We are all aware that of the more than 5,000 known deaf-blind children from birth to age twenty-one the plurality of the population falls in an age range of roughly nine to eleven years. We are all aware that the majority of this group are the result of the rubella epidemic. We are all aware that, at the present time, the cycle of the rubella epidemic appears to be broken. We are all aware that many deaf-blind children are a result of child abuse, meningitis, congenital deafness with degenerative visual problems, various trauma, and insult. We are also very aware of the problems that educators faced when the rubella population suddenly appeared on the doorstep and services were needed which were not available.

Definition of the Problem

To avoid some of the frustration and panic that educators faced, in 1974 the Bureau of Education for the Handicapped provided through the South Central Regional Center a supplemental grant which was to be used for prevocational studies across the United States. The funds were earmarked for both planning and operational studies. Seven of the ten regional centers for services to deaf-blind children participated in this national effort. We intentionally did not present a functional or operational definition of "prevocational." Our thinking at that time was that an operational definition might restrict or limit innovative programming.

The activities of the regional centers which participated in the initial contracts were of two types. Some regional centers expended their time and effort in planning programs. This involved identification of services available, the gathering of specific data on the age and needs of the deaf-blind in their regions, identification of services which were needed, and identification of potential resources. The other area of emphasis was in operational programming. Existing programs were modified to change their emphasis or new programs were implemented as planning/operational programs. After one year, we are finding that three basic and different types of programs are being implemented.

If we are aware of the three separate types of programs which might be considered prevocational programming, we can avoid much of the confusion and anxiety we face in our service delivery programs. These three types of programs fit into hierarchical categories. One seems to be more pertinent to an educational definition, one is more appropriate for a vocational rehabilitation definition, and the third has considerable overlap of meaning.

The educational programs generally interpret the meaning of prevocational services as an educational program which emphasizes activities of daily living skills. These are skills which all handicapped children or adults must have even though they may not be in the competitive job market. The second program, which overlaps service agencies and which some educational programs and some rehabilitation programs have identified, might be described as vocational education and work adjustment training. Programs in existing sheltered workshops and vocational rehabilitation facilities have attached a functional definition of prevocational services to mean vocational training for a specific job activity.

It is important that we define our own program into one or more of these categories. We must be cautious to not overlap services unless we are aware that we are providing three succinct programs, each having a different emphasis. These three types of programs have created some confusion and perhaps have presented a barrier between the educational programs and the adult service programs in that we

are all using the same words. However, we are interpreting these words differently, depending on our professional backgrounds and biases.

Activities of the South Central Regional Center

The South Central Region supported two operational programs. These were modifications of existing educational services. We also undertook a regional planning program.

I would like to report briefly about the planning activities which were undertaken in the five-state region of Iowa, Missouri, Oklahoma, Arkansas, and Louisiana. Our regional center subcontracted with Opinion Research from Madison, Wisconsin, for one year of planning services. The objectives included (1) identifying barriers in providing a continuum of services to deaf-blind individuals; (2) producing an inventory of existing prevocational/vocational programs and their minimal entry requirements; (3) designing an evaluation model for prevocational/vocational training programs; (4) holding state parent conferences; and (5) holding a feedback/training conference. Of the five objectives of the subcontract, I feel that the first two were very significant for our region. Because of the large sample involved and the consistency of responses among the five states, the identified needs and priorities can be extrapolated to any region or to any state.

Five statewide meetings were conducted within the region. These meetings were scheduled between March 8, 1974, and March 21, 1975. The meetings were open and involved administrators, educators, aides, and other professionals and paraprofessionals in programs and in agencies which serve deaf-blind children or adults. These conferences used a structured meeting format called the "Nominal Group Technique," which allows equal participation from group members, produces a written record of all ideas generated by the group, and provides a means of prioritizing need statements according to a numerical ranking procedure.

More than 190 resource people contributed to the needs assessment conferences in the five-state region. They began their sessions by answering the following question: "What barriers do you currently have, or do you anticipate having, in providing a continuum of services to multihandicapped deaf-blind persons?" This question encouraged responses which anticipated future programming needs as well as current problems.

Participants were given time to work independently on lists of barriers as they perceived them. This ensured that the special perspectives of people such as paraprofessionals and top administrators in State Departments of Social Services would all be adequately represented in the data generated.

Groups of approximately seven people were then assigned a nonparticipant leader who recorded the ideas of the group members on a large chart visible to the entire group. Participants offered their ideas one at a time, so that each member was allowed equal contribution to the group list. The groups were essentially brainstorming, since the responses of the group members frequently triggered new ideas which could be added to the list in turn.

The groups discussed the items listed to clarify the meaning of the items on the chart. This was preliminary to the ranking of the five most important barriers to the provision of continuous services, so that each member's vote would reflect the same understanding of the meaning of each barrier.

Again working independently, each member selected five barriers judged to be the most important problems faced in continuous programming and then ranked those items from most to least important by assigning points (five points were assigned to the top priority, one point to the least important one). Participants were aided in this ranking task by the following instruction: "Keeping in mind that it is important to eliminate all of these barriers to successful continuous programming for the deaf-blind, which would be your top priority if you could work on only one?" Individual scores were then posted by each barrier on the chart. The five items with the highest point scores thus indicated the group's judgment of the most important barriers faced in providing extended services.

The top five priorities from each table were then grouped into related categories by the staff. For example, such barrier statements as "There are many programs in the community, but there's a lack of communication and cooperation," and "lack of coordination among services" were grouped together under the heading, "Coordination."

Participants in the five needs-assessment conferences generated more than 1,000 barrier items which were categorized under 15 headings representing problem areas which must be overcome if programs are to be designed that will bring deaf-blind individuals to their full potentials. The point scores for each item within a category were

then totaled, and this produced an overall ranking of the priorities of the conference as a whole. The table on page 17 shows the top problem categories from each state, the percents of participants from individual states that included those barriers among their top five priorities, and the regional average for each problem area. (See Table 1, Barriers to the Provision of Continuous Services, page 17.)

The needs-assessment conferences revealed two significant facts. The 15 top priorities confirmed that the greatest barrier in providing a continuum of services is that of coordination of available resources. Regionally, this priority ranked more than twice as high as the second priority. The second significant finding was that, no matter how much we hear or how much we assume that the provision of comprehensive services hinges on the amount of money available, this priority ranked fifth, below coordination, staff and staff training, educational training programs for deaf-blind children, and parent and family support. As we are developing programs for deaf-blind children, we must keep in mind that even though funding may be the most obvious need, it is not generally the primary barrier in providing that service or establishing that program. Keep in mind that resources are often available, but the vehicle to establish and implement a method to coordinate these resources is lacking.

The second major project undertaken by Opinion Research was the development of an inventory of existing prevocational and vocational programs within the region. This study was accomplished through telephone interviews. Within the five states, 365 agencies were contacted. Each interview required 45 minutes to complete. Results of the interviews confirmed the results of the needs assessment workshops in that 43 agencies reported that they were presently serving deaf-blind children, 154 agencies said that they were willing to serve deaf-blind clients or students, and 168 reported that their regulations restricted them from serving this population. Twelve agencies could not be contacted by telephone. Within the region are a total of 197 existing or potential programs, most of which were unknown at the regional office. I suspect that other regional centers would have similar results if this activity were duplicated, and I suspect that each of you would be surprised at the number of available resources at the local level. (See Table 2, Deaf-Blind Service Providers Inventory.)

The Role of the Regional Center

All of us know that it is often easier to start something new than it is to modify or change the existing structure of things. This is true in business, and this is very true in education.

Six years ago the objectives of the regional centers were to start new types of programs and to identify new delivery systems. The emphasis was placed on home programs, preschool programs, and initial educational programming. During the past two years, the emphasis of the regional center has been to monitor, evaluate, and upgrade these programs. It is apparent from current census data that the plurality of deaf-blind children now require additional services, other than those which are generally available. The role of the regional center is now twofold. First, we must continue to maintain and upgrade existing programs, and, at the same time, we must redirect programs to meet the changing needs of the children.

This new era, if you will, is by far the most difficult. It is now time to become much more sensitive to several phenonema about which we (as educators) have traditionally been very naive. In many ways the ballgame is changing; the question before us now is: "Are we going to change with it?"

In his book entitled *Bureaucracy and Innovation*, Victor Thompson described the bureaucratic form of organization as being characterized by high productive efficiency, but low innovative capacity. And at the same time, innovative structure means the generation, acceptance, and implementation of new ideas, processes, products, or services. Innovation implies the capacity to change or adapt. Bureaucracy does not. Innovative programming is generally characterized as a small, elite task force of people who are not overly funded and who have the freedom to try new ideas. Innovative programs exhibit an extremely rapid growth and, because of this growth, fit into a self-fulfilling prophecy of losing the capacity to be innovative. As the program expands, regulations, rules, and policies are necessary to monitor and control activities within the organization.

We are reaching a point of regional center expansion at which efficiency has become more important; therefore, a more bureaucratic form of organization is required. At the same time, because of the dual function of the regional centers of maintaining existing programs efficiently and generating innovative service programs for older deaf-blind children, the regional centers must be aware

of the need to make appropriate adjustments and a realistic separation of scope and function between these two types of program organization.

The second area that we need to be aware of is in that very dirty arena of politics. As a group, educators are undoubtedly the most naive and gullible of all the professions. I don't know whether this is a cause or an effect, or whether it is because of our lack of training or because of the general personality of people known as educators. However, I do know that politics are real; politics are not necessarily bad; and politics must never be denied. Our mental and emotional and, probably, educational attitude is that all politics are bad. Believe me when I tell you that the only time politics are bad is when we are not aware of what is happening.

We must realize that no decision is all good, all bad, all right, or all wrong. We all make compromises. We compromise in program funding and we compromise in program services. We compromise in whom we serve. We compromise for personal reasons, professional reasons, and political reasons. The issue is not whether or not we make compromises, but whether or not we maintain our individual and professional integrity.

We have identified the problem, the needs, and the population. I often think of the poster that says, "If you're so smart, why ain't you rich?" My question today is, "If we're so smart, why can't we educate?" The United States is a nation of doers, not planners, not thinkers, not talkers. Our challenge individually is to learn what we can learn from these meetings, go back to our programs, and *do.*

Table 1

Barriers to the Provision of Continuous Services State Priorities

Barrier	Percent of participants including this barrier among their top five priorities					
	Arkansas	Iowa	Louisiana	Missouri	Oklahoma	Average
Coordination	37.50	21.03	20.64	26.40	23.50	25.81
Staff training	13.54	16.24	12.22	6.13	8.60	11.34
Educational programs	3.47	19.53	6.99	12.53	9.00	10.10
Family support	5.21	6.76	12.22	13.87	11.90	9.99
Funding	13.20	7.04	10.32	2.93	13.90	9.48
Prevocational/vocational training	12.50	3.47	8.57	6.40	5.50	7.29
Identification/diagnosis/ evaluation	–	16.00	5.71	11.47	2.90	7.22
Public awareness	3.47	3.85	8.73	4.27	4.50	4.96
Distribution of programs/ transportation	3.12	1.50 4.60	3.20	3.50	3.18	
Residential options	4.17	1.97	–	5.07	3.50	2.94
Legislation	–	1.13	4.60	2.13	4.10	2.39
Facilities/equipment	–	0.94	5.40	2.40	3.10	2.37
Medical	3.12	0.94	–	0.00	2.70	1.35
Recreation/socialization	0.70	0.00	0.00	0.80	3.30	0.96
Research/development	–	–	–	2.40	–	0.48

0.00 means that the barrier was identified in the state, but no points were assigned to it by participants.
– means that the barrier was not identified in the state.

Table 2

Telephone Interviewing Deaf-Blind Service Providers Inventory

State	Number and percent of agencies			
	Called	Now serving	Potential servers	Not able to serve
Arkansas	47	8 (17 percent)	24 (51 percent)	15 (32 percent)
Iowa	87	11 (13 percent)	45 (52 percent)	31 (35 percent)
Louisiana	63	2 (03 percent)	14 (22 percent)	47 (75 percent)
Missouri	91	12 (13 percent)	34 (37 percent)	45 (50 percent)
Oklahoma	77	10 (13 percent)	37 (48 percent)	30 (39 percent)
Totals	365	43 (12 percent)	154 (42 percent)	168 (46 percent)

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